

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1															
2	1														
3															
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41															
42															
43															
44															
45	1														
46		3													
47		3													
48		3													
49		3													
50		3													
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															

56
+22
78

3
75
78